

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	2160
	First Named Inventor	Hillegass et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	HEREWITH
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and System for Licensing Digital Works

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/200,230	4/28/2000	
60/200,193	4/28/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name Beck & Tysver, P.L.L.P.

Address 2900 Thomas Avenue South, Suite 100

Address

City Minneapolis

State MN

ZIP 55416-4477

Country USA

Telephone 612-915-9633

Fax 612-915-9637

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) James C.

Family Name

or Surname Hillegass

Inventor's
Signature

Date

Residence: City Woodland

State MN

USA
Country

Citizenship USA

Mailing Address 18150 Breezy Point Rd.

Mailing Address

City Woodland

State MN

ZIP 55391

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Yaobing

Family Name

or Surname Deng

Inventor's
Signature

Date

Residence: City Minneapolis

State MN

USA
Country

Citizenship USA

Mailing Address 911 - 22nd Avenue South

Mailing Address Apt. 162

City Minneapolis

State MN

ZIP 55404

Country USA

☒ Additional inventors are being named on the 4 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Mark				Eastom			
Inventor's Signature				Date			
Residence: City	New Brighton	State	MN	Country	USA	Citizenship	USA
Post Office Address	53 - 15th Avenue SW						
Post Office Address							
City	New Brighton	State	MN	ZIP	55112	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard R.				Fritz			
Inventor's Signature				Date			
Residence: City	Maple Grove	State	MN	Country	USA	Citizenship	USA
Post Office Address	8425 Passfield Turn						
Post Office Address							
City	Plymouth	State	MN	ZIP	55447	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John C.				Gateley			
Inventor's Signature				Date			
Residence: City	Plymouth	State	MN	Country	USA	Citizenship	USA
Post Office Address	15390 - 18th Avenue N						
Post Office Address	Apt. 1107						
City	Plymouth	State	MN	ZIP	55447	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
James A.				Grinsfelder			
Inventor's Signature				Date			
Residence: City	St. Paul	State	MN	Country	USA	Citizenship	USA
Post Office Address	1466 Lincoln Avenue						
Post Office Address							
City	St. Paul	State	MN	ZIP	55105	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Stephen A.				Grove			
Inventor's Signature				Date			
Residence: City	Minneapolis	State	MN	Country	USA	Citizenship	USA
Post Office Address	3901 - 45th Avenue South						
Post Office Address							
City	Minneapolis	State	MN	ZIP	55406	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Eric Steven				Hockett			
Inventor's Signature				Date			
Residence: City	Minneapolis	State	MN	Country	USA	Citizenship	USA
Post Office Address	322 Clifton Ave. #102						
Post Office Address							
City	Minneapolis	State	MN	ZIP	55403	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
Nikolay G.				Sokratov			
Inventor's Signature						Date	
Residence: City	St. Louis Park	State	MN	Country	USA	Citizenship	USA
Post Office Address	3951 Quentin Avenue S						
Post Office Address							
City	St. Louis Park	State	MN	ZIP	55416	Country	USA
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
James G.				Swanson			
Inventor's Signature						Date	
Residence: City	St. Paul	State	MN	Country	USA	Citizenship	USA
Post Office Address	1715 Eleanor Avenue						
Post Office Address							
City	St. Paul	State	MN	ZIP	55116	Country	USA
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
John S.				Thomson			
Inventor's Signature						Date	
Residence: City	Afton	State	MN	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address							
City	Afton	State	MN	ZIP		Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
Boris				Mamedov			
Inventor's Signature						Date	
Residence: City	Hopkins	State	MN	Country	USA	Citizenship	USA
Post Office Address	9117 - 11th Avenue South						
Post Office Address	Apt. 5						
City	Hopkins	State	MN	ZIP	55343	Country	USA
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
James A.				Nordgaard			
Inventor's Signature						Date	
Residence: City	St. Louis Park	State	MN	Country	USA	Citizenship	USA
Post Office Address	2925 Monterey Avenue South						
Post Office Address							
City	St. Louis Park	State	MN	ZIP	55416	Country	USA
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname			
Paul E.				Onnen			
Inventor's Signature						Date	
Residence: City	Issaquah	State	WA	Country	USA	Citizenship	USA
Post Office Address	26021 SE 27th Street						
Post Office Address							
City	Issaquah	State	WA	ZIP	98029	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.